Excision of Massive Ganglioneuroma of Mediastinum

A Case Report

CHARLES H. LASLEY, M.D.*
Clearwater, Florida

Benign tumors of the mediastinum may on occasion reach massive proportions. Previous reports on mediastinal tumors made by Clagett and others include a fibroma weighing over 4000 gm successfully removed, and a lipoma (autopsy specimen) of 12,000 gm.

Ganglioneuroma of the mediastinum is a rare lesion and is almost always posterior in origin. Three of 71 cases reviewed by Kent and Blades were in the anterior mediastinum.

Case Report

L. R., Gorgas Hospital No. 662967, 41 year old Salvadoran blacksmith, was admitted November 24, 1952 with a diagnosis of "asymptomatic calcified mass left chest." This large mass was first noted in the left hemithorax by x-ray film in 1948, with enlargement in November 1952 (Figures 1 and 2). There was no history of traumatic or inflammatory episode involving the chest. Physical examination revealed only dullness with absent breath sounds in the left lower chest with displacement of the heart and trachea to the right.

Left lateral thoracotomy was performed December 4, 1952 with resection of the sixth rib. On opening the pleura the massive size of the tumor prevented free access to the remainder of the pleural cavity and at this time his blood pressure dropped to 70/50...

FIGURE 1

Figure 1: Preoperative posteroanterior x-ray film showing mediastinal displacement.—

FIGURE 2

Figure 2: Lateral x-ray film showing size and calcification of tumor.
Dermoid Cyst of the Mediastinum
Communicating with a Bronchus
Report of Two Cases

Kiyoshi Inada, M.D., F.C.C.P.*
Okayama City, Japan

Benign mediastinal tumors as a group is a relatively uncommon disease. Recently, however, as a result of the routine use of x-ray films in medical examinations and mass surveys, symptomless cases of mediastinal tumors are being found with increasing frequency.

Dermoid cysts and teratomas are two of the most common tumors in the mediastinum. Though inherently benign, they are not uncommonly associated with various complications such as infection, perforation, and degenerative change to malignancy. In such cases, it is often difficult to arrive at a correct diagnosis before pathognomonic signs appear.

Recently, we have had two cases of dermoid cysts of the mediastinum communicating with a bronchus presenting interesting features from the diagnostic standpoint. It is our purpose to report these cases and draw attention to the complications associated with mediastinal dermoid cysts, because relatively few reports discussing the subject are found in the literature.

Case Reports

Case 1: A 30 year old man was admitted to the hospital on September 2, 1963, with the chief complaints of chest pain, low grade fever, and fragments of hair in his sputum. The history of the present illness dates back about 10 years when he developed pain in the left chest accompanied by fever. This was diagnosed as tuberculous pleurisy and was so treated. Because of persistent low grade fever, he sought admission to the University Hospital two months later, where he was admitted with an admission diagnosis of tuberculous lymphadenitis of the left hilum and was kept in bed for three months...